

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 30 / 39

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Dental Political Action Cmte.

Full Name (Last, First, Middle Initial)

**A. Michael Burgess For Congress**

Mailing Address 106 Highland Lake Drive

City Highland Village State TX Zip Code 75077

Purpose of Disbursement  
Contr.

Candidate Name  
Michael C. Burgess, M.D.

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: TX District: 26

Transaction ID: D9623

Date of Disbursement

03 / 06 / 2006

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Mike Thompson For Congress**

Mailing Address 5435 Madison Ave

City Sacramento State CA Zip Code 95841

Purpose of Disbursement  
Contr.

Candidate Name  
Michael Thompson

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: CA District: 01

Transaction ID: D9713

Date of Disbursement

03 / 30 / 2006

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Nancy Pelosi For Congress**

Mailing Address 235 Montgomery St  
#610

City San Francisco State CA Zip Code 94104

Purpose of Disbursement  
Contr.

Candidate Name  
Nancy Pelosi

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: CA District: 08

Transaction ID: D9672

Date of Disbursement

03 / 16 / 2006

Amount of Each Disbursement this Period

2500.00

**SUBTOTAL** of Disbursements This Page (optional) .....

4000.00

**TOTAL** This Period (last page this line number only) .....